

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Francis

Township ****

City Farmington

(No. _____)

Registration District No. 773

Primary Registration District No. 4464

File No. 38668

Registered No. 160

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. #513 Perrine.

(Usual place of abode)

50

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 29 1857.

7. AGE

YEARS

79

MONTHS

8

DAYS

7

If LESS than 1

day, _____ hrs.

or _____ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House keeper

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

13. NAME

James Brent

14. BIRTHPLACE (CITY OR TOWN)

kentucky

(STATE OR COUNTRY)

15. MAIDEN NAME

Thresa Pilant

Kentucky.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

R. J. Wood. Elvins Mo.

18. BURIAL, CREMATION, OR REMOVAL

Doe Run

PLACE

DATE

10--8-1937.

19. UNDERTAKER

(ADDRESS)

Richardson Funeral Home.

Farmington Mo.

20. FILED

Oct 6, 1937

V. J. Robinson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 6, 37 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1934, to Oct 6, 1937

I last saw him alive on Sept 25, 1937 Death is said

to have occurred on the date stated above, at _____ pm.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 10-6-37

Other contributory causes of importance:

Coronary Disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Richardson, M. D.
Farmington Mo

